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Country programme document

Kenya

Summary

The Kenya country programme document (CPD) is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $59,100,000 from regular resources, subject to the availability of funds, and $209,200,000 in other resources, subject to the availability of specific-purpose contributions, for the period July 2018 to June 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the annual session of 2018.

* E/ICEF/2018/8.

Note: The present document was processed in its entirety by UNICEF.

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Programme rationale

1. Kenya achieved lower-middle-income status in 2015.[1] The country's positive economic outlook (including 5 per cent growth in its gross domestic product in 2017), and legislative and policy environment is favourable for children. According to a UNICEF 2017 budget analysis, 37 per cent of government spending was in the social sectors. Devolution of health, nutrition, water, sanitation, early childhood development (ECD) to county administrations in 2013 resulted in improvements.

2. Multiple risks threaten the survival and protection of children and women in Kenya. Recurring drought, particularly in arid and semi-arid lands (ASAL), exacerbates food and nutrition insecurity. Water shortages often lead to disease outbreaks (including cholera), acute malnutrition, conflict, displacement, and school closures. Serious flooding has destroyed property and caused fatalities. Health emergencies, inter-clan violence and curtailed service delivery caused by prolonged labour disputes also pose challenges. Insecurity in neighbouring Somalia and South Sudan necessitate additional support for refugees.

3. The UNICEF 2017 Situation Analysis of Children and Women in Kenya confirms deprivation and inequity. Children in ASALs and informal settlements around major cities are particularly vulnerable. Refugee children face heightened risk of violence, exploitation and abuse. Children with disabilities are denied opportunities or abandoned by their families or other caregivers. Girls continue to lag behind boys in the realization of their basic rights.

4. According to a UNICEF equity analysis (EQUIST), under-five and neonatal mortality rates fell from 115 to 52 and 33 to 22 deaths per 1,000 live births, respectively, between 2003 and 2014. Maternal mortality saw no significant decline over the same period. In 2016, the highest rates of under-five and neonatal mortality were in the northern counties and urban informal settlements. Diarrhoea, pneumonia and neonatal complications are the main causes of under-five mortality.

5. The national immunization programme continues to protect more than 8 million children against diseases and conditions, such as pneumonia, diarrhoea, measles and rubella. However, full routine immunization coverage fell from 84 per cent in 2012 to 76 per cent in 2016 due to insufficient county capacity to conduct outreach, maintain vaccine stock levels and manage personnel. Only half of children in pastoralist and underdeveloped counties are immunized against diphtheria, pertussis and tetanus.

6. Nutrition gains between 2008–2009 and 2014 include reductions in the national prevalence of stunting (from 35 per cent to 26 per cent) and underweight (from 16 per cent to 11 per cent, achieving the Millennium Development Goal 1 target), and increases in exclusive breastfeeding (from 32 per cent to 61 per cent). However, these gains are threatened by the 2016–2017 drought, when acute malnutrition rates reached 37 per cent in some ASAL counties. It is estimated that up to 12 per cent of pregnant and lactating women were acutely malnourished. Significant disparities exist across counties. In 2014 stunting levels ranged from 15 per cent to 46 per cent, and acute malnutrition exceeded 20 per cent in the ASAL. More boys than girls are stunted (29.7 per cent and 22.3 per cent, respectively), although this gap reduces with age. Complementary feeding remains suboptimal, with young children's diets limited in quality and quantity due to chronic food insecurity, poor care practices and harmful social norms.

[1] World Bank, "WB Update Says 10 Countries Move Up in Income Bracket", Press release, 1 July 2015 www.worldbank.org/en/news/press-release/2015/07/01/new-world-bank-update-shows-bangladesh-kenya-myanmar-and-tajikistan-as-middle-income-while-south-sudan-falls-back-to-low-income, accessed 5 March 2018.

7. The Sustainable Development Goal baseline estimates for access to basic drinking water and sanitation in Kenya are 58 per cent and 30 per cent, respectively, in 2015.[2] Between 2000 and 2015, access to basic drinking water increased by 12 per cent while access to basic sanitation fell by 1 per cent. Kenya has the third-largest number of people in sub-Saharan Africa who drink directly from contaminated surface water sources (10.6 million people, or 23 per cent of population). An estimated 5.5 million Kenyans (12 per cent) practise open defecation, and only 14 per cent have hand-washing facilities with soap and water at home.[3] Achieving universal access to drinking water and sanitation by 2030 will be challenging given current levels of investment, projected population growth and climate variability.

8. The number of children living with HIV fell from 180,000 in 2010 to 120,000 in 2016. This partially reflects improved access to services; for example, 13.5 per cent more pregnant women living with HIV received antiretroviral therapy in 2015 than in 2013. But incidence among adolescents and young people is concerning; in 2015, they accounted for 47 per cent of new infections; two thirds among females.

9. Despite significant budgetary allocations for education,[4] Kenyan children have substandard learning outcomes due to poor quality teaching and use of an outdated curriculum. The pupil-teacher ratio varies from 30:1 nationally to 77:1 in Turkana County.

10. Some 1.2 million primary-school-age children do not attend school; 40 per cent are girls living in ASAL counties.[5] Between 2011 and 2015, net primary school enrolment stalled at 88 per cent, and the rate is lower in Mandera and Wajir Counties (18.7 per cent and 37 per cent, respectively), particularly for girls (13.3 and 21.2 per cent, respectively). In informal settlements, only 53 per cent of children aged 3 to 18 are enrolled in school[6], and the Committee on the Rights of the Child has expressed concern about the unregulated, low-quality private schools operating in these areas. Lack of water and sanitation contribute to non-attendance.

11. Pre-school enrolment rose from 2.5 million in 2011 to 3.2 million in 2015: half of those newly enrolled are girls. The country's low primary-to-secondary transition rate (86 per cent) results from insufficient secondary schools, other parental priorities and language barriers. In pastoral communities, high dropout rates reflect a perceived lack of value of schooling, long distances to schools and child marriage. According to Ministry of Education 2015 data, the net enrolment rates in secondary education in Mandera and Wajir Counties is 5 per cent and 6.5 per cent, respectively. In 2015, less than 10 per cent of the estimated total number of children with disabilities are registered in schools. Furthermore, the relevance of curricula to employability remains a concern, with youth unemployment (15 to 24 years) at 22.1 per cent in 2017.

12. According to a 2010 study, 66 per cent of females and 73.1 per cent of males experienced physical violence prior to age 18, while 31.9 per cent of females and 17.5 per cent of males experienced sexual violence.[7] The reporting mechanisms and response services to various forms of violence, including online child abuse, are inadequate. In 2010, only 6.8 per cent of females who experienced sexual violence before age 18 sought

[2] WHO/UNICEF, Joint Monitoring Programme, data for Kenya, https://washdata.org/data, accessed on 3 March 2018.

[3] Ibid.

[4] UNICEF, Kenya Investment in Social Sectors, Final Report, 31 March 2017 p. 26.

[5] Ministry of Education, Education Statistical Booklet, 2015.

[6] Ibid.

[7] Violence Against Children in Kenya: Findings from a 2010 National Survey, UNICEF Kenya, United States Centers for Disease Control and Prevention and Kenya National Bureau of Statistics, 2012, www.unicef.org/esaro/VAC_in_Kenya.pdf, accessed 5 March 2018.

professional help and just 3.4 per cent received services of any kind. The figures for males are even lower.

13. The national prevalence of female genital mutilation/cutting (FGM/C) fell from 38 per cent in 1998 to 21 per cent in 2014, according to data from the 2014 Kenya Demographic and Health Survey (KDHS). However, some ethnic groups have made little or no progress in reducing prevalence, including the Somali (94 per cent), Samburu (86 per cent), Kisii (84 per cent) and Masai (78 per cent). The KDHS reports the national prevalence of child marriage among girls at 23 per cent, with higher prevalence in northern Kenya (56 per cent) and the coast (41 per cent).

14. In 2012, the Government identified 3.6 million vulnerable children, including orphans, who required services. Oversight of child welfare services is weak, however, with few options for family-based alternative care for orphans. There is scarce data on children working or living on the streets.

15. Children's access to justice is limited by weak capacity for investigation, prosecution and judicial proceedings. Human resources and technical capacity for child protection at the local level are insufficient, and greater coordination is required between national and county administrations.

16. Birth registration of under-five children is 64 per cent, with a stark variance between urban and rural contexts: in 2014, 81.9 per cent of children were registered in the capital, Nairobi, while only 16 per cent were registered in Mandera County.

17. There has been rapid growth of the country's social safety net programme, increasing from 522,000 households receiving cash transfers in 2014, to 946,000 in 2017, covering 2.3 million children.

18. The Ministry of Education is leading cross-sectoral ECD policy development that includes health, nutrition, birth registration, protection, early stimulation and learning. Budgetary allocations for ECD have increased since devolution, however, the quality of and access to ECD services remain low and the departments responsible for providing children's services operate in silos. Improving county-level policy frameworks, child-sensitive budgeting, standards and capacity-building remains crucial.

19. The UNICEF comparative advantage in Kenya includes: (a) its established presence, with field offices in high-need regions; (b) a diverse and established range of programming strategies including: supply provision; service delivery; creating demand for services through communication for development activities; upstream policy work; and data generation and analysis; and (c) technical expertise in policy development; fostering innovation; systems-strengthening; and taking responses to scale. Moreover, UNICEF mobilizes resources for and responds to humanitarian situations through Government and national partners, capitalizing on its convening power.

Programme priorities and partnerships

20. The new country programme aims to leave no child behind. It builds on lessons learned from the previous country programme, the strengths of UNICEF and emerging development challenges. It is aligned with article 53 of the Constitution of Kenya (on children's rights), and the Government's Third Medium Term Plan 2018–2022. It directly contributes to two of the Government's "Big Four Plan" priorities:[8] enhancing food and nutrition security

[8] National Treasury, Republic of Kenya. 2018 Budget Policy Statement. Creating jobs, transforming lives - "The big four" plan, forthcoming in 2018, 19 January 2018 draft available: www.treasury.go.ke/budget/send/2-budget/694-draft-2018-budget-policy-statement.html accessed 5 March 2018.

(priority two); and providing universal health coverage (priority three), while indirectly contributing to priority one on expanding the manufacturing sector. The country programme is part of the United Nations Development Assistance Framework (UNDAF), 2018–2022, and builds on the UNICEF Strategic Plan, 2018–2021, the UNICEF Eastern and Southern Africa regional priorities and the 2016 Concluding Observations of the Committee on the Rights of the Child.

21. The main risks to achievement of results include an increase in climate-related disasters, insecurity at border and other areas, reductions to the Government's current level of spending on social services and reduced donor support for Kenya.

22. To realize the rights of all children in Kenya, particularly the most disadvantaged, UNICEF will use an integrated programming approach to deliver cross-sectoral interventions that address multiple deprivations. The country programme is organized around four key development priorities: (a) reduced mortality and stunting; (b) improved early learning and education; (c) enhanced child and adolescent protection and HIV prevention; and (d) improved social protection, inclusion and resilience-building.

Reduced mortality and stunting

23. The country programme will increase the proportion of vulnerable children (including adolescent girls) and pregnant and lactating women who have equitable and sustainable access to, and use of, quality water, sanitation and hygiene (WASH), nutrition, health and HIV/AIDS services, thus reducing their risk of mortality, preventable diseases, stunting and other forms of malnutrition and improving their birth outcomes. UNICEF will:

(a) Support communities to improve service-seeking behaviour and adopt desirable practices relating to sanitation and water use, young child feeding and parenting, maternity, prevention of childhood diseases and HIV prevention;

(b) Ensure that in disadvantaged counties, health workers and other service providers have improved resources and skills to provide quality care and counselling on maternity and common childhood illnesses, immunization, HIV/AIDS, sanitation, ECD, stunting prevention and treatment of severe acute malnutrition;

(c) Ensure that county water departments have increased resources and improved skills to provide and monitor sustainable and safe drinking water to the most vulnerable and marginalized communities;

(d) Strengthen Government capacity to design, cost, implement and monitor county-specific and national policies and programmes to reduce child and maternal mortality, morbidity and stunting, and improve WASH;

(e) Support government and non-governmental partners to adopt risk-informed approaches to emergency preparedness, planning and response to humanitarian needs for WASH, nutrition, health and HIV and AIDS services.

24. UNICEF will work with the national and county Ministries of Health, the Kenyan Medical Supplies Authority, the Ministry of Water and Irrigation, the National Drought Management Authority, the National Treasury, non-government organizations (NGOs) and the private sector.

Improved early learning and education

25. UNICEF will ensure that more children – especially girls from disadvantaged counties and informal settlements, and those affected by humanitarian crises – can access quality, gender-sensitive ECD services and primary education, with increased transition to secondary education that focuses on life skills for employability. It will support efforts to:

(a) Increase enrolment and retention of girls and boys in pre-primary, primary and secondary education, particularly in ASAL counties and informal settlements, focusing on parents, teachers, communities and other partners to support children;

(b) Ensure that more schools in disadvantaged counties have gender-sensitive water and sanitation facilities and health and hygiene education, including menstrual hygiene management;

(c) Improve the capacity of the Ministry of Education to develop, review and implement a gender-equitable education policy – including curriculum reform and a strengthened education management information system – to improve learning outcomes and create life skills that prepare students for employment;

(d) Ensure that more counties have the capacity to implement ECD packages (including health, nutrition, WASH, protection, HIV and early learning) for children up to 6 years old, in line with existing national standards and policies;

(e) Ensure that government and non-governmental partners adopt risk-informed approaches to emergency preparedness, planning and response to humanitarian needs for the education sector.

26. Key partners will include the Ministry of Education, the Teachers Service Commission, the Kenya National Examinations Council, NGOs, the private sector and the Office of the United Nations High Commissioner for Refugees.

Enhanced child and adolescent protection and HIV prevention

27. UNICEF will ensure increased protection for children and adolescents from exposure to HIV and AIDS; violence, exploitation and abuse; and harmful cultural practices, and ensure that they benefit from improved access to prevention, care, support, justice and other services required for physical, mental and social well-being. As a result:

(a) Children, parents, caregivers and communities in target counties, urban informal settlements and refugee settings will have knowledge of, and adopt, desirable practices to prevent and respond to HIV and AIDS, and violence, abuse and exploitation of adolescent girls and boys, and will demonstrate improved service-seeking behaviour and life skills;

(b) Increased numbers of communities in targeted counties will reject harmful practices such as child marriage and FGM/C;

(c) More service sites in target counties will offer birth registration services;

(d) Social welfare and justice systems and schools at the national level and in target counties will have improved capacities, with a skilled workforce and adequate budgets, to prevent and detect cases of violence, abuse and exploitation, and refer and care for affected girls and boys, including those living with HIV;

(e) Government and non-governmental partners will adopt risk-informed approaches to emergency preparedness, planning and response to humanitarian needs for child protection and HIV/AIDS.

UNICEF will work with the Department of Children Services, the Department of Civil Registration, the Office of the Director of Public Prosecution, the judiciary, NGOs and the Anti-Female Genital Mutilation Board.

Improved social protection, inclusion and resilience-building

28. UNICEF will help to increase the number of children from the poorest and most vulnerable households who benefit from shock-responsive and integrated social protection interventions, as well as child-specific policies. It will:

(a) Strengthen demand for social services, including modelling of evidence-based linkages between social protection and the social and economic sectors (including health, nutrition, protection and HIV/AIDS) in selected counties, including modelling access to renewable energy;

(b) Ensure that scalable and flexible systems for delivering social protection, targeting and monitoring and evaluation are in place at the national level and in focus counties, to facilitate shock-responsive national social safety net programmes;

(c) Increase capacity of the national Government and counties to formulate and implement child-centred social protection policies and legal and coordination frameworks;

(d) Ensure that national and county actors can plan, budget, monitor and track expenditures, and leverage resources to scale up evidence-based, innovative and risk-informed approaches to fulfil the rights of children and adolescents. This will be achieved by improving the quality of county integrated development plans so they are aligned with national priorities and implemented appropriately.

29. Key partners include the National Treasury and the Ministry of Planning, the State Department of Social Protection, the Council of Governors and the Kenya National Bureau of Statistics.

Programme effectiveness

30. UNICEF programme implementation strategies will include South-South and triangular cooperation; systems strengthening and service delivery; working with other United Nations organizations; fostering innovations; and using evidence and data to drive change. Programme effectiveness will be facilitated by strengthening external communication, highlighting the situation of marginalized children and young people and strengthening the capacity of the media, civil society, children and youth to advocate for policy changes favouring children's rights. Communication for development approaches will promote increased demand for social services, and community participation in programme planning and monitoring.

31. Based on lessons learned from the initial years of devolution, UNICEF will strengthen the capacity of vulnerable rural and urban communities to increase their participation and engagement in achieving children's rights.

32. UNICEF will implement evidence-driven interventions across sectors to address gender inequality, including specific programming to reduce the barriers faced by girls. Recognizing that harmful cultural norms limit girls' access to services and the enjoyment of their rights, UNICEF will empower communities, including boys and men, to challenge detrimental beliefs and practices.

33. UNICEF will foster partnerships with the private sector by harnessing their core business practices and leveraging their resources, marketing power, capacity and sphere of influence in the interests of vulnerable children.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Reduced mortality and stunting			
Health	7 226	65 000	72 226
Nutrition	7 226	48 000	55 226
Water, sanitation and hygiene	7 374	21 000	28 374
HIV and AIDS (health system)	1 406	2 800	4 206
Improved early learning and basic education			
Education	5 128	33 000	38 128
Early childhood development	1 099	5 000	6 099
Enhanced child and adolescent protection and HIV prevention			
Child protection	7 326	15 000	22 326
HIV and AIDS (community)	2 554	3 200	5 754
Improved social protection, inclusion and resilience-building			
Child-responsive budgeting	5 866	4 000	9 866
Social protection	3 601	5 200	8 801
Programme effectiveness	10 294	7 000	17 294
Total	**59 100**	**209 200**	**268 300**

Programme and risk management

34. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

35. This CPD is risk-informed, with a special focus on the most vulnerable children. Building on national and county government policies and legal frameworks, public and private systems and community capacity will be strengthened to anticipate, absorb and adapt to recurrent shocks and stresses. UNICEF will work across the humanitarian-development nexus with government and development partners to strengthen real-time monitoring systems, early warning and minimum preparedness for effective response, taking into consideration cross-border risks, particularly epidemics and refugee influx.

36. The UNICEF risk management strategy will mitigate risks to programme results tailored to each partner and for each programme location. The capacity of government and civil society partners to meet the requirements of the harmonized approach to cash transfers will be strengthened. Assessment, mitigation and reassessment of risks to programming are included in all programme activities.

37. UNICEF will continue to lead the UNDAF 2018–2022 multi-agency working groups and collaborate and implement joint programmes with other United Nations agencies.

38. Programming will be designed for scalable and adaptive service delivery, reinforcing community engagement and empowerment. In emergencies to which the Government cannot respond, UNICEF will continue working closely with first-line responders and other partners to strengthen the resilience of existing delivery platforms.

Monitoring and evaluation

39. Standardized indicators aligned to the UNICEF Strategic Plan, 2018–2021 and the UNICEF Eastern and Southern Africa regional priorities will be tracked biannually. To support the devolution agenda, UNICEF will disaggregate national targets and results by county, age and gender.

40. UNICEF will continue to invest in institutionalizing and scaling up real-time monitoring systems to support decision making. Under the UNDAF, UNICEF will work with other United Nations agencies to strengthen and support routine monitoring systems, aiming to ensure systematic collection and analysis of data on girls and boys, women and men and vulnerable communities. UNICEF will support county administrations to track and analyse key age- and gender-disaggregated social indicators, enabling programming that is responsive to specific vulnerabilities of boys and girls.

41. UNICEF will strengthen national systems to monitor the child-related Sustainable Development Goal indicators, and will support the Government with major surveys – such as the 2019 census – that include measurement of child-related, gender-disaggregated, impact-level indicators. Up to two evaluations of the programme will be conducted each year, strengthening programming and providing an objective basis for scaling up interventions.

Annex

Results and resources framework

Kenya – UNICEF country programme of cooperation, July 2018–June 2022

Convention on the Rights of the Child: Articles 2, 6, 12, 23, 24, 26, 28–29, and 34– 38 **National priorities:** Kenya Third Medium Term Plan 2018–2022 for VISION 2030 **Sustainable Development Goals:** 2–6, 10–11, 13, 16–17
UNDAF outcomes involving UNICEF: Strategic Priority I: 1. Education, training, sports, arts and culture; 2. Health, including sexual, reproductive, maternal, newborn, child and adolescent health; 3. Nutrition; 4. HIV; 5. Water, sanitation and hygiene; 6. Social protection, and services for prevention and response to gender-based violence and violence against children; 7. Population and housing; 8. Resilience to disasters and emergencies. **Strategic Priority II**: 1. Governance, access to justice, respect for the rule of law, human rights and gender equality; 2. High quality services at devolved level; 3. People in Kenya live in a secure, peaceful, inclusive and cohesive society. **Outcome indicators measuring change that includes UNICEF contribution** **Strategic Priority I** 1.1 Gross enrolment rates (male/female) in ECD, primary, secondary and TVET [technical and vocational education and training] 1.2 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex 1.3 Transition and completion rates from/of (a) Early childhood development and education (ECDE) to primary; (b) primary to secondary/vocational and technical training centres; and (c) secondary to higher or tertiary education 2.1 Under-five mortality rate 2.2 Maternal mortality ratio 2.3 Neonatal mortality rate 2.4 Proportion of Kenyans who are covered by any form of health insurance 2.5 Percentage of live births attended by a skilled health personnel 3.1 Prevalence of stunting among children under 5 years of age 3.2 Prevalence of acute malnutrition among children under 5 years of age 3.3 Percentage of women practicing exclusive breastfeeding 4.1 Number of new HIV infections per 1,000 uninfected population, by sex, age, key populations, county 4.2 Number of AIDS-related deaths, disaggregated by age, sex and county 5.1 Proportion of population using safely managed drinking water services 5.2 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water 6.1 Proportion of population covered by social protection floors/systems 6.2 Proportion of total government spending on social protection 6.3 Proportion of children under 5 years of age whose birth have been registered

6.4 Reduced prevalence of gender-based violence (GBV), female genital mutilation/Cutting (FGM/C), violence against children (VAC) and child marriages

6.5 Proportion of GBV, FGM, VAC and child marriage cases reported are investigated, prosecuted and provided with comprehensive services in focus counties

7.1 Kenya Population and Housing Census conducted

7.2 Percentage of births registered with civil registration services

Strategic Priority II

1. Primary government expenditures as a proportion of original approved budget
2. Proportion of government recurrent and capital spending to sectors that disproportionately benefit women, the poor and vulnerable groups

Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. Reduced mortality and stunting Increased proportions of vulnerable children and pregnant and lactating women, including adolescent girls, have equitable access to and use quality WASH (water, sanitation and hygiene), nutrition, health and HIV/AIDS services to reduce their risk of mortality, preventable diseases, stunting and other forms of malnutrition, and improve their birth outcomes.	1. Percentage of pregnant women living with HIV that received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV B: 75% T: 90% Source: HIV estimates 2. Proportion of children (aged 0–14) living with HIV who are virally suppressed B: 64% T: 90% Source: HIV estimates 3. Percentage of live births attended by skilled health personnel (doctor, nurse, midwife or auxiliary midwife) B: 58% T: 75% Source: DHIS2 4. Percentage of children aged 0–59 months with symptoms of	Kenya Demographic and Health Survey (KDHS), Multiple Indicator Cluster Survey (MICS), District Health Information System 2 (DHIS2), HIV estimates, Ministry of Health (MOH) reports, National AIDS/STD Control Programme Viral Load and Early Infant Diagnosis-website	**Output 1.1:** In 10 or more disadvantaged counties, communities increasingly have improved service-seeking behaviour and adopt desirable practices on sanitation and water use, young child feeding and parenting, maternity and prevention of child disease and HIV/AIDS. **Output 1.2:** In 10 or more disadvantaged counties, health workers and other service providers have improved resources and skills to provide quality service, care and counselling on maternity and common child illnesses, immunization, HIV, sanitation, stunting prevention, ECD and	National and county – MOH, Ministry of Water, Kenya Red Cross, World Vision, National Drought Management Authority (NDMA), National Treasury	Health: 7 226 Nutrition: 7 226 WASH: 7 374 HIV/AIDS: 1 406	65 000 48 000 21 000 2 800	72 226 55 226 28 374 4 206

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	pneumonia that were taken to an appropriate health provider B: 66% T: 72% Source: KDHS		treatment of severe acute malnutrition (SAM). **Output 1.3:** County water departments have increased resources and improved skills to provide and monitor sustainable and safe drinking water to the most vulnerable and marginalized communities. **Output 1.4:** Strengthened government capacity to design, cost, implement and monitor county-specific and national policies and programmes to reduce child and maternal mortality, morbidity and stunting and to improve WASH. **Output 1.5** Government and non-governmental partners adopt risk-informed approaches to emergency preparedness, planning and response to humanitarian needs for WASH, nutrition, health and HIV/AIDS services.				
	5. Proportion of expected number of child pneumonia cases receiving treatment for pneumonia B: 44% T: 60% Source: DHIS2						
	6. Percentage of children <1 year that received DTP (diphtheria/pertussis/tetanus)-containing vaccine B: 63% T: 85% Source: DHIS2						
	7. Percentage of girls and boys 6–59 months that received two annual doses of vitamin A supplementation B: 41% T: 80% Source: KDHS						
	8. Number of Sphere standards met (in relation to the management of SAM) B: 3 T: 3 Source: DHIS2						
	9. Percentage of the population using basic drinking water services B: 58% T: 65% Source: WHO/UNICEF Joint Monitoring Programme (JMP) reports						

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	10. Percentage of the population practising open defecation B: 12% T: 5% Source: JMP reports						
2. Improved early learning and education An increased proportion of children aged 0 to 18, especially girls from the most disadvantaged counties, informal settlements and those affected by humanitarian crisis, access quality, gender-sensitive ECD and education services, with increased transition to secondary education	1. Percentage improvement in learning outcomes (Sustainable Development Goal 4.1) B: 36.1% T: 50% Source: National Education Management Information System (NEMIS)	Basic Education Statistical Booklet, NEMIS, Ministry of Education annual report	**Output 2.1:** Increased enrolment and retention of girls and boys in pre-primary, primary and secondary education, particularly in the ASAL counties and informal settlements, targeting parents, teachers, communities and other partners to support children **Output 2.2:** An increased number of schools in at least nine disadvantaged counties have gender-sensitive water and sanitation facilities, and health and hygiene education, including menstrual hygiene management **Output 2.3:** MOE has improved capacity to develop, review and implement a gender-equitable education policy, including curriculum reform and strengthened information management, to improve learning outcomes and develop life skills for employment for girls and boys **Output 2.4:** An increased number of counties have the	MOE, Teachers Service Commission, Kenya National Examinations Council, World Vision, FilmAid, Office of the United Nations High Commissioner for Refugees	Education: 5 128 ECD: 1 099	33 000 5 000	38 128 6 099
	2. Out-of-school rate for girls and boys of primary and lower secondary school age B: 11% T: 5% Source: NEMIS						
	3. Gross enrolment ratio in pre-primary education B: 76.5% (78% boys, 75% girls) T: 90% (90% boys, 90% girls)						
	4. Transition rate between primary and lower secondary education B: 86% T: 88% Source: Basic Education Statistical Booklet						
	5. Percentage of schools with single-sex basic sanitation/hygiene B: boys 72%, girls 74% T: 82% (boys and girls) Source: Basic Education Statistical Booklet						

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
			capacity to implement integrated ECD packages, including health, nutrition, WASH, protection, HIV and early learning for children 0-6 years of age, in line with national standards and policy. **Output 2.5.** Government and non-government partners adopt risk-informed approaches to emergency preparedness, planning and response to the humanitarian needs of the education sector.				
3. Enhanced protection and HIV prevention Children and adolescents are increasingly protected from exposure to HIV and AIDS, violence, abuse, exploitation and harmful cultural practices, and benefit from increased access to prevention, care, treatment, support, justice and other services needed to ensure their physical, mental and social well-being.	1. Number of reported cases of violence against girls and boys B: 50,591 T: 400,000 Source: Child Protection Management System (CPMS)	CPMS, Child Helpline 116, KDHS, DHIS2, economic surveys	**Output 3.1:** Children, parents, caregivers and communities in target counties, urban informal settlements and refugee settings have knowledge and adopt desirable practices to prevent and respond to HIV/AIDS, and violence, abuse and exploitation of girls and boys, and have improved service-seeking behaviour **Output 3.2:** Increased number of communities in targeted counties that demonstrate a rejection of harmful practices such as child marriage and FGM/C **Output 3.3:** Increased number of sites offer birth registration services in target counties	Department of Children Services, Department of Civil Registration, Office of the Director of Public Prosecutions, the judiciary, Anti-Female Genital Mutilation Board	Child protection 7 326 HIV/AIDS 2 554	15 000 3 200	22 326 5 754
	2. Children (0–17) living in residential care B: 49,500 T: 74,500 Source: CPMS						
	3. Percentage of adolescent girls that have received prevention or care interventions to address child marriage or female genital mutilation/cutting (FGM/C) B: 46% T: 75% Source: Programme reports/surveys						
	4. Girls and women aged 15–49 years who have undergone FGM/C, by age group						

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	B: 21% T: 13% Source: KDHS		**Output 3.4:** Social welfare, justice systems and schools, at national level and in target counties have improved capacities, skilled workforce and adequate budgets to prevent, detect, refer and care for girls and boys who are victims of violence, abuse and exploitation, including those living with HIV **Output 3.5** Government and non-governmental partners adopt risk-informed approaches to emergency preparedness, planning and response to humanitarian needs for child protection and HIV				
	5. Percentage of girls and boys (0-18 years) living with HIV that received antiretroviral therapy B: 43.3% T: 90% Source: Kenya AIDS Response Progress Report						
	6. Percentage of adolescents (10–19 years old) who were tested for HIV in the past 12 months and who know their status (disaggregated by gender) B: males 26.6%, females 5.3% T: 90% Source: Electronic medical records, MOH reports, National AIDS Control Council reports						
	7. Children under five whose births are registered B: 60% T: 75% Source: KDHS						
4. Social inclusion An increased number of children from the poorest and most vulnerable households benefit from shock-responsive and integrated social protection interventions, as well as from child-specific policies	1. Number of households reached by cash transfer programmes B: 946,049 T: 2,000,000 Source: National Single Registry for Social Protection	National and county budget statements, management information system, Social Protection Secretariat reports	**Output 4.1** Social service demand is strengthened through modelling of evidence-based linkages between social protection and social/economic sectors in select counties **Output 4.2:** Scalable and flexible social protection delivery, targeting and monitoring and evaluation systems are in place at national level and targeted	Ministry of Planning, National Treasury, Council of Governors, Kenya National Bureau of Statistics	Child-responsive budgeting 5 866 Social protection 3 601	4 000 5 200	9 866 8 301
	2. Proportion of public investments in non-contributory social protection programmes measured in real per capita terms or as a percentage of the national budget B: 2%						

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	T: 2.7% Source: National and county budget statements		counties to facilitate shock-responsive national social safety net programmes **Output 4.3:** National Government and counties have increased capacity to formulate and implement child-centred social protection policies and legal and coordination frameworks. **Output 4.4:** National and county actors plan, budget, monitor and track expenditures, as well as leverage resources to scale-up evidence-based, innovative and risk-informed approaches to fulfilling the rights of children and adolescents.				
	3. Government budget allocations to sectoral or child-specific policies and programmes as a percentage of total government budget allocations B: 41% (health and nutrition 8%, education 17%, water 1%, social protection 2%) T: 45% (health and nutrition 10%, education 17%, water 3%, social protection 6%) Source: National and county budget statements						
5. Programme effectiveness Country programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards for achieving results for children	1. Percentage of programme outputs achieved B: 0% T: 80% Source: Insight		**Output 5.1:** Staff and partners are provided guidance tools and resources to effectively design and manage programmes **Output 5.2:** Staff and partners are provided guidance tools and resources for effective communication on child rights issues **Output 5.3:** Staff and partners are provided guidance tools and resources to effectively plan and monitor programmes		10 294	7 000	17 294

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
			Output 5.4: Strategies to address cross-cutting issues related to child rights are developed and applied **Output 5.5:** Coordination is strengthened to enhance UNICEF humanitarian response **Output 5.6:** Staff and partners are provided guidance tools and resources to effectively manage resources				
Total resources					**59 100**	**209 200**	**268 300**

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Country programme document

Malawi

Summary

The country programme document (CPD) for Malawi is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $67,500,000 from regular resources, subject to the availability of funds, and $274,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019–2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the annual session of 2018.

* E/ICEF/2018/8.

Note: The present document was processed in its entirety by UNICEF.

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Programme rationale

1. Over half of the 18.2 million Malawians are under the age of 18 years. It is projected that by 2030, the overall population will reach 30 million, with the number of children almost doubling to 16.2 million.[1] The Government considers the youthful population to be a demographic dividend that could spur national development.

2. Malawi has made remarkable progress towards child well-being. The under-5 mortality rate declined from 232 per 1,000 live births in 1990 to 55 per 1,000 live births in 2016; mother-to-child transmission of HIV was reduced by 84 per cent between 2000 and 2016; and the incidence of stunting fell from 47 per cent in 2010 to 37 per cent in the period 2015–2016.[2]

3. Despite such progress, most children and women continue to experience deprivation. Malawi ranks 170 out of 188 countries on the Human Development Index.[3] Poverty is widespread, with over 70 per cent of the population living on less than $1.90 per day.[4] Only 10 per cent of households have electricity.[5] About 63 per cent of children suffer from multi-dimensional poverty.[6]

4. Over one third of Malawian children are stunted, compromising their health, well-being and development potential and contributing to cognitive impairment.[7] An estimated 40,000 children under 5 years of age die each year from preventable and treatable illnesses, including neonatal causes, pneumonia, diarrhoea and malaria. About 40 per cent of such deaths occur during the first 28 days of life and 80 per cent of those during the first week. Only 2 per cent of health facilities provide emergency obstetric and neonatal care that meets basic standards. Data on health-seeking behaviours for childhood illnesses show that the education level of mothers in Malawi is a determinant of whether children will be taken to a health facility for consultation or treatment: mothers with a primary education are 10 per cent more likely to do so than those without (68 per cent and 58 per cent, respectively).[8] Immunization coverage in many districts has been declining since 2011.[9]

5. Malawi has one of the highest rates of premature birth in the world: 18 per cent of all babies are born too early and 13 per cent have low birth weight. The adolescent birth rate is high (143 per 1,000 live births), with about 30 per cent of babies born to mothers 19 years of age or younger. These young mothers are more likely to give birth to preterm and underweight babies and experience higher neonatal mortality rates (37 per 1,000 live births) than women aged 20 to 29 years (22 per 1,000 live births).[10] Maternal mortality rates are among the world's highest, with 439 maternal deaths per 100,000 live births.[11]

6. Children in Malawi are prone to diarrhoea, cholera and other water-borne diseases, mainly as a result of poor sanitation and hygiene. Only 10 per cent of Malawians wash their

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[1] National Statistical Office of Malawi, population projections. Available from www.nsomalawi.mw/index.php?option=com_content&view=article&id=135%3Aprojected-population-by-age-and-sex-for-malawi&catid=8&Itemid=3.
[2] Malawi Demographic and Health Survey (MDHS), 2010, 2015–2016.
[3] United Nations Development Programme, *Human Development Report 2016: Human Development for Everyone* (New York, 2016).
[4] World Bank, 2013.
[5] Malawi Growth and Development Strategy III, 2017.
[6] Malawi, Ministry of Finance and Economic Planning and UNICEF, *Child Poverty in Malawi*. Available from www.unicef.org/malawi/MLW_resources_childpoverty.pdf.
[7] MDHS, 2015–2016.
[8] Ibid.
[9] UNICEF, 2016.
[10] MDHS, 2015–2016.
[11] Ibid.

hands with soap. Inadequate access to sanitation (42 per cent) and water (67 per cent)[12] contributes to child mortality and morbidity.

7. A declining proportion of children are benefiting from optimal infant and young child feeding practices, as evidenced by the downward trend from 2010 to 2015 in both the exclusive breastfeeding of infants aged 0 to 6 months (71 per cent to 61 per cent) and the complementary feeding of children aged 6 to 23 months (19 per cent to 8 per cent).[13] Sixty-three per cent of children aged 6 to 59 months are anaemic.[14] Undernutrition often continues into adolescence, with 35 per cent of adolescent girls aged 15 to 19 years anaemic and 13 per cent underweight.[15] Micronutrient deficiencies can lead to impaired cognitive development and function. Key barriers to improved nutrition are sociocultural behaviours, low levels of education and access to information and a lack of food variety at the household level.

8. While Malawi has had some success with the prevention of mother-to-child transmission of HIV (PMTCT), many challenges remain, especially those associated with low levels of early infant diagnosis, treatment and retention in care. According to UNICEF estimates from 2017, only 31 per cent of HIV-exposed infants are diagnosed within the first three months of life. Thirty per cent of children living with HIV who are not on antiretroviral therapy (ART) will die before their first birthday and 50 per cent by their second birthday. The HIV infection rate among girls and young women aged 15 to 24 years, many of whom bear children, is three times higher than that of males in the same age group.[16] Among adolescents aged 15 to 19 years, only 38.9 per cent of females and 43.1 per cent of males have comprehensive knowledge about HIV.[17] With the growing youthful population, such low levels of knowledge threaten successes in epidemic control.

9. Birth registration rates are extremely low, at 2 per cent for children under 5 years of age.[18] A national effort in 2017 registered more than 4.5 million children under 16 years of age, but the potential for substantially increasing birth registration coverage has yet to be realized.

10. The majority of young children (71 per cent) are subjected to violent discipline, and over one third of children under 5 years of age live with a mother who is the victim of intimate partner violence.[19]

11. In spite of its importance for brain development, school readiness, resilience and well-being, early childhood development (ECD), including care, stimulation and learning, has not received adequate attention. Parents are not provided with the information or support necessary to develop responsive and positive parenting skills. The Government recently incorporated a new module on parenting, including early stimulation, in its ECD training package, identifying it as one of the priorities in the updated national ECD policy. About 40 per cent of children aged 3 to 5 years are enrolled in early learning and care centres, mostly community-based childcare centres, which lack the resources and capacity to provide quality services.

12. Nearly all children enter primary school, but only 35 per cent transition to secondary school.[20] Among secondary school students, only 4 per cent are from the lowest wealth quintile. Among this group, less than 1 per cent complete secondary school compared with

[12] World Health Organization/UNICEF Joint Monitoring Programme, 2017.
[13] MDHS, 2015–2016.
[14] Malawi micronutrient survey, 2015–2016.
[15] MDHS, 2015–2016.
[16] Malawi population-based HIV impact assessment, 2014.
[17] MDHS, 2015–2016.
[18] Malawi, Ministry of Home Affairs and Internal Security, National Registration Bureau, 2016.
[19] Malawi, National Statistical Office, *Malawi Millennium Development Goals Endline Survey 2014* (Zomba, Malawi, 2015).
[20] Education Management Information System, 2015–2016.

42 per cent from the highest wealth quintile.[21] Challenges include an insufficient number of primary and secondary schools; a lack of qualified teachers; safety concerns; few resources for alternative or non-formal learning; and inadequate intersectoral linkages. Learning outcomes are low and drop-out and repetition rates high. Reasons for school drop-out, especially for girls, include sociocultural practices and norms, sexual violence, poverty and a lack of facilities for children with disabilities and for adolescent girls during menstruation.

13. Child marriage rates in Malawi are among the world's highest: almost half of all females marry before reaching the age of 18 years and nearly 10 per cent before reaching the age of 15 years.[22] As a result, adolescent girls tend to drop out of school and are at higher risk than women for violence, HIV and early pregnancy.

14. Community-level systems lack the accountability and qualified human resources necessary to create an enabling environment supportive of children. Momentum is growing within the Government and among partners to support decentralization processes, social accountability and resilience-building for households and communities. The community support of early learning through community-based childcare centres and activities for adolescents through Children's Corners demonstrate the motivation of communities to support children despite the lack of resources.

15. The 2016 gender audit illustrated the support provided by UNICEF to integrate gender into governmental sector strategies. It also reaffirmed the persistence of gender inequalities related to social norms and practices that are especially harmful to girls, such as child marriage, aspects of initiation rites, child labour, biased gender socialization and the low value placed on girls' education. By most socioeconomic measures, girls and women in Malawi are worse off than boys and men in terms of educational attainment and literacy, wage equality, inheritance laws and political participation. Gender inequality remains one of the most significant barriers to reducing poverty, sexual and gender-based violence and harmful social practices.

16. Malawi is vulnerable to the effects of climate change, which include an increasing frequency of droughts and floods that affect the health, nutrition, education and welfare of children and the resilience of families to shocks. Malawi ranked 55 on the 2017 Index for Risk Management, placing it in the medium-risk category. However, it ranked 16 on the environmental vulnerability index, indicating a high level of vulnerability. During the floods and drought in the period 2015–2017, about 40 per cent of the population (6.7 million persons) needed humanitarian assistance. Children, particularly girls, and women in the poorest communities are among the most vulnerable in the recurrent humanitarian situations in Malawi. Coping mechanisms force many young adolescent girls into early marriage, sexual exploitation or child labour.

17. A practical lesson learned from country programme implementation is that integrated programming should be part of a country programme starting with the design and planning stages. The community management of acute malnutrition programme evaluation affirmed that well-designed and planned integrated community outreach services from the start of a programme facilitate access and uptake, reduce equity gaps and increase linkages between interventions and partners. The increasing focus of Malawi on decentralization presents an opportunity to support bottom-up, integrated and synergistic community-based design and planning and reduce programme transaction costs.

18. The principles of leaving no child behind and realizing rights for all children in Malawi provided the rationale for the programme's priorities. These are, for early childhood: parenting, high-impact social services and early stimulation and learning; for middle childhood and adolescence: quality learning, multi-sectoral services and active citizenship; and in communities: decentralization, community ownership and attention to changing

[21] Situation of out-of-school children in Malawi, Demographic and Health Survey, 2015–2016, UNICEF internal paper, 2017.
[22] MDHS, 2015–2016.

harmful social norms. These targeted priorities are also aimed at addressing the multiple dimensions of poverty, vulnerability, disability, inequality and rights violations affecting all girls, boys and women. They were informed by (a) a life-cycle analysis of the situation of children and women in Malawi; (b) community dialogues; (c) root cause analysis; and (d) other key data and information, including best practices and lessons learned from programme implementation, research and United Nations Development Assistance Framework (UNDAF) and other programme evaluations, as well as interactions with stakeholders and end-users.

19. Evidence related to the life course of children and lessons learned emphasize the need to focus on all developmental phases of children's lives, especially two key windows of opportunity: (a) early childhood, from 0 to 3 years, especially the first 1,000 days, to provide every child with the best start in life; and (b) early adolescence, to keep girls and boys in learning settings and on course to optimally transition into a healthy and productive adulthood. The UNICEF comparative advantage, as a long-term advocate for and expert on children's rights, positions it well to support the Government in finding innovative ways to best achieve and sustain results for children throughout each phase of their life cycle.

Programme priorities and partnerships

20. The overall goal of the country programme is to support the Government of Malawi to meet its commitment to respect, protect and fulfil children's rights in line with international conventions and standards. It will be guided by the principles of children's rights, equity, gender equality, inclusion and resilience, and will support evidence-based, integrative and innovative programming. The vision is for all girls and boys in Malawi, especially the most marginalized, including those with disabilities and from poor households, to realize their rights.

21. In addition to vertical and at-scale programming, such as immunization and, potentially, ECD (donor funding is anticipated), the country programme will support targeted districts and traditional authorities, selected on the basis of evidence, to enable integration and synergy to effectively, holistically and equitably address children's rights.

22. The country programme is aligned with the national priorities articulated in the Malawi Growth and Development Strategy (MGDS) III, 2017–2022, which guides the Government's efforts to transform Malawi into a productive, competitive and resilient nation, progressively realizing the Sustainable Development Goals and the Africa 2063 vision of prosperity, well-being, unity and integration. The country programme will contribute to four of the five MGDS III outcome areas and seven development areas.

23. The United Nations country team, with UNICEF participation, has supported the MGDS III process, working with the Government to align the draft UNDAF with the MGDS III. The pillars of the UNDAF are: (a) peace, inclusion and effective institutions; (b) population management and inclusive human development; and (c) inclusive and resilient growth. The country programme components, which are aligned with the UNDAF pillars, are: (a) early childhood (0–5 years); (b) school-age children (6–18 years); (c) child-friendly, inclusive and resilient communities; and (d) programme effectiveness.

24. **Early childhood:** If parents, parents-to-be and caregivers are informed and empowered and practise responsive, positive parenting in support of early childhood development, care and learning, with a special focus on the first 1,000 days of life (beginning with conception) for optimal brain development, and service providers have the capacity to provide high-impact health, nutrition, hygiene and HIV interventions, model healthy behaviours, make referrals for protection services, promote birth registration and support parents to practise early stimulation, care and learning for their infants and children, then the country programme will successfully contribute to the outcome: girls and boys, aged 0 to 5 years, with a focus on the first 1,000 days, in targeted districts, benefit from early

learning, caring and nurturing, a clean and protective environment and quality, integrated, high-impact interventions.

25. This theory of change supports the implementation of the national ECD policy and related sectoral and cross-sectoral policies at decentralized levels via strategic interventions and collaboration with key ministries (e.g., Ministry of Gender, Children, Disability and Social Welfare and Ministry of Health, including its Department of Nutrition, HIV and AIDS) and local, United Nations and international partners. Barriers to be addressed include parents' and caregivers' lack of information and skills to engage in responsive and positive parenting practices, and inadequate access to and demand for integrated high-impact early childhood services.

26. Key interventions will focus on evidence-based advocacy supported by the development of social movements and communication for development (C4D) interventions; community dialogue at all levels to increase awareness and buy-in for responsive and positive parenting practices; and the use of and demand by parents and other caregivers for an integrated early childhood package of interventions in line with national standards. Health and nutrition service delivery points will be supported to empower mothers, fathers and other caregivers with the knowledge to practise responsive, positive parenting, including early stimulation. Service providers will be supported to deliver quality, high-impact and integrated health, nutrition, HIV, education and protection services, including in humanitarian situations, to ensure optimal maternal, neonatal and child health and nutrition; emergency obstetric and neonatal care; immunizations; the integrated case management of childhood illnesses; infant and young child feeding; the prevention and treatment of severe acute malnutrition; micronutrient supplementation; deworming; PMTCT, early infant diagnosis and retention on ART; hygiene; referrals for cases of abuse and violence; birth registration; and early learning in formal and non-formal settings, including improving the quality and number of community-based childcare centres.

27. **School-age children:** If schools are accessible, inclusive, safe, prepared for any emergency, embody the principles of children's rights, meet national standards, have the support of families and communities and provide innovative and quality teaching, learning and assessment; out-of-school children and adolescents, including teen mothers, are provided with alternative, non-formal or second-chance learning opportunities; children and adolescents learn life skills and are empowered to become agents of change; and girls and boys, including out-of-school children and children with disabilities, have access to multi-sectoral services in school and through other learning platforms, then the country programme will successfully contribute to the outcome: school-age girls and boys (6–18 years), especially young adolescents (10–14 years), in targeted districts achieve essential learning outcomes and practise life skills, are safe from exploitation, harmful practices and violence and benefit from integrated social services.

28. This theory of change is based on the national commitment to the right of all children to education as well as the interrelated rights associated with survival, development, protection and participation, including in humanitarian situations. Under the leadership of the Ministry of Education, Science and Technology, these rights will be addressed through the school system and other learning platforms in targeted districts. Providing integrated social services for children and adolescents will involve working with social sector ministries, civil society and community-based organizations. Key barriers impacting children's school enrolment, attendance, performance, participation and completion rates relating to lack of access, relevance, quality, equity and gender equality in the education system will be addressed. These include an insufficient number of qualified teachers, secondary schools and alternative and non-formal learning opportunities; inadequate water, sanitation and hygiene (WASH) facilities and services, including menstrual hygiene management; sexual and gender-based violence; secondary school fees; social norms that devalue girls' education and support child marriage and early pregnancy; a lack of awareness of education policies; and an absence of inter-sectoral linkages.

29. Strategic interventions at the primary school level will involve supporting second shifts and flexible learning spaces to increase children's access to safe primary schools; improving the teaching, learning and assessment processes to enhance learning outcomes and ensuring that children acquire foundational and life skills in line with national standards; and reintegrating teen mothers into school or other learning opportunities. At the secondary level, advocacy will focus on operationalizing open and double shifts; ensuring school safety; reducing financial barriers to lower secondary education; and ending child marriage. Incentive mechanisms, such as performance-based funding, will be explored. Strategies will be developed to get and keep girls in secondary school. Technology will be used to increase access to secondary education. Alternative, non-formal and second-chance learning will be scaled up, with a focus on teen mothers. Children and adolescents will access integrated social services through schools and other learning platforms. Services will include screening for and the provision of assistive devices; violence prevention and response; the provision to girls of the human papillomavirus vaccine; support of menstrual hygiene management and sexual and reproductive health; HIV prevention, testing, counselling and links to treatment; deworming; and micronutrient supplementation. Efforts will include building teachers' and administrators' capabilities, promoting non-violent discipline and supporting girls and boys to become agents of change in schools and communities, including on environmental sustainability and climate change adaptation.

30. **Child-friendly, inclusive and resilient communities:** If community members are able to practise positive social behaviours in the best interest of the child, demand quality, resilient and child-friendly services and hold duty-bearers accountable for such services; households and communities prepare for and become resilient to climate change and economic shocks and receive support to overcome chronic vulnerabilities that affect children; and national and decentralized administrative systems are strengthened through support to the Government and local authorities to operationalize key policies and legal frameworks and develop plans and budgets for coordinated social services to address disparities and deprivations affecting children, then the country programme will successfully contribute to the outcome: girls and boys grow up in resilient, inclusive and child-friendly communities.

31. This theory of change supports the development of a sustainable enabling environment at the national and decentralized levels to ensure that the rights of girls and boys are protected and fulfilled in both stable and humanitarian situations. UNICEF will use its comparative advantage in the social sector to influence district councils, development committees, traditional authorities, national and local-level sectoral ministries, academic institutions, civil society and community-based organizations as well as United Nations and international partners to implement national policies and strategies for children at the community and district levels. Key barriers to be addressed include inadequate policy implementation; the inefficient use of limited resources; weak coordination and accountability; a lack of access to quality services; insufficient workforce capacity; limited access to information; inadequate participation and demand creation; harmful practices; and chronic vulnerability to shocks.

32. The principal interventions will focus on strengthening decentralized social services and related planning, monitoring and coordination processes. High-impact vertical programming will be coordinated and linked with integrated decentralized programming. The capabilities of community and district leaders, decision-makers, administrators and service providers will be strengthened to own and operationalize legal and social policy frameworks. The professionalization of sector front-line workforces to deliver and sustain integrated, quality services will be supported. Financial management and oversight in districts will be strengthened. Efforts to shift social norms, using evidence-driven C4D, will be aimed at achieving social and behavioural change to end child marriage, prevent and respond to violence, keep girls in school and address parenting practices. C4D will support demand creation for improving social services, including feedback mechanisms for community engagement and accountability. Evidence-generation and equity-focused public

financing for children will enhance the transparency of budgeting processes and allocations and the use of real-time and big data to inform policy, programming and advocacy for children's rights. Building the resilience of households, communities and institutions will involve support for resilient water resource management and other sustainable environmental practices; increased access to WASH services; shock-sensitive social protection; strengthened child protection and coping mechanisms; and an enhanced nexus among WASH, nutrition and livelihoods. Youth engagement, including through U-Report, will strengthen their voice and participation in decision-making.

33. For all three programme components, it is assumed that increasing support for early childhood interventions, the Government's commitment to children's education and the momentum for decentralization, supported through relevant policy implementation by the Government and partners, will result in the reinforcement of legal frameworks; inter-sectoral coordination; gender integration; inclusive coverage; resource generation; resilience among households, communities and institutions; demand creation; the reduction of harmful practices and norms; higher quality services; and compliance with national standards. Among the risks are inadequate leadership, resources, coordination and capacities, especially among frontline workers, decision-makers and administrators. Mitigating these risks includes capacity-building and changing mind-sets that perpetuate inequities.

34. The programme effectiveness component will provide quality assurance and support for the other components, including planning, monitoring and reporting and research, evaluation and the use of data to inform corrective adjustments in programming throughout the programme cycle and within the UNDAF. Innovations in programming will help to chart new pathways to fill development gaps, collect data and reach remote populations. The harmonized approach to cash transfers will be more efficiently implemented and programming will be better integrated with the supply chain. Evidence-based advocacy, public and private partnerships and external communications will raise awareness and support social movements in favour of priority areas, such as ending child marriage, while promoting gender equality and children's and women's rights. Humanitarian assistance coordination, including emergency preparedness and resilience-building across the components, will ensure that humanitarian response, in accordance with the Core Commitments to Children in Humanitarian Action, is well managed, monitored and reported.

35. Malawi is participating in South-South and triangular cooperation with other countries in Africa and in Southeast Asia committed to halving maternal and neonatal deaths over the next five years, supporting each other through the Network for Improving Quality of Care for Maternal, Newborn and Child Health. The regional multi-country integrated programmes on sexual and reproductive health and rights, HIV and sexual and gender-based violence, supported by the Swedish International Development Cooperation Agency and involving UNICEF, the World Health Organization, the Joint United Nations Programme on HIV/AIDS and the United Nations Population Fund, will share experiences, frameworks and guidelines, including the successful practices of Malawi for reaching pregnant and breastfeeding adolescents.

Summary budget table[23]

Programme components	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Early childhood	15 000	134 000	149 000
School-age children	12 500	72 000	84 500
Child-friendly, inclusive, resilient communities	15 000	57 000	72 000
Programme effectiveness	25 000	11 000	36 000
Total	**67 500**	**274 000**	**341 500**

Programme and risk management

36. This CPD outlines UNICEF contributions to national priorities and results for children, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

37. The United Nations country team will establish results groups aligned with the three UNDAF pillars as well as coordination mechanisms for each outcome area, which will be aligned with the MGDS III coordination mechanisms. United Nations staff participation in Government-led sector working groups will ensure that UNDAF implementation and monitoring are aligned with government processes. The United Nations programme management team meets monthly to monitor progress and improve coordination regarding UNDAF implementation, with support from technical groups. In support of the UNDAF and in collaboration with sister United Nations agencies, UNICEF will participate in the country's Development Cooperation Group and High-level Forum on Development Effectiveness to improve advocacy and development outcomes for children.

38. UNICEF will continue to identify and mitigate critical risks to achieving programme outcomes, including within the framework of the National Resilience Strategy (2017–2030), which is aimed at breaking the cycle of food insecurity. It will build upon analyses of risks and vulnerabilities, such as the climate landscape analysis for children in Malawi working paper (2017) and recommendations from the workshop on guidance for risk-informed programming, held in May 2017, which reinforce the ability of UNICEF and partners to build community capacity to anticipate and respond to stresses that affect the well-being of children, families and communities. Managing and mitigating fiduciary risks will be supported through frequent spot checks and the systematic monitoring, audit and triangulation of disaggregated data.

39. Integrated programming provides an opportunity to achieve faster results for children; cost-effectiveness and efficiency; stronger linkages between development and humanitarian programming; gender integration; and the scale-up of successful interventions. Theories of change for the components and sectors will allow planning and monitoring along integrated and sectoral lines.

40. UNICEF will continue to work on early warning mechanisms to anticipate changes in programme implementation by enhancing the capacity and the use of data to predict

[23] Given the vulnerability of Malawi to climate change and other emergencies, and on the basis of past trends, it is estimated that between $2 million and $8 million per year will be needed for humanitarian assistance.

environmental shocks and model shock-responsive mechanisms, including the scale-up of social protection mechanisms in times of crisis and child-focused investment related to budgetary trends.

41. Real-time monitoring and feedback mechanisms, including the use of such innovative approaches as imagery/mapping using drones, will support efficiency and effectiveness. Academic partnerships will contribute to the quality of programming, including with the University of Zurich for a longitudinal panel survey; the University of Cape Town on the human-centred design thinking approach; and several Malawian academic institutions in sectoral areas.

Monitoring and evaluation

42. Monitoring and evaluation will be based on the results and resources framework and the costed evaluation plan. The programme performance and humanitarian monitoring frameworks will be derived from annual work plans and management plan indicators and aligned to global and regional priority indicators.

43. The integrated monitoring, evaluation and research plan will guide the generation of evidence to inform programming. Mid-year and annual reviews, UNICEF field visits and joint monitoring visits with United Nations and government partners will contribute to assessing progress on results and ensuring timely adjustments. Quarterly inter-agency programme meetings and mid- and end-year reviews of the UNDAF results will be held.

44. UNICEF will continue to support data collection (e.g., Demographic and Health Survey, multiple indicator cluster surveys, Standardized Monitoring and Assessment of Relief and Transitions surveys) and develop national capacity in sectoral management information systems, civil registration and vital statistics, among other sources, to provide disaggregated data for performance monitoring. Triangulated data will support reporting on international human rights conventions. New sources, including big data, crowdsourced data and U-Report, will support programme priorities and advocacy for children's rights.

45. The Monitoring Results for Equity System approach will continue to assist UNICEF and its partners to identify and prioritize bottlenecks and monitor their removal, including during humanitarian crises.

46. Innovations will be evaluated to inform replication or scale-up and contribute to knowledge exchange.

Annex

Results and resources framework

Malawi – UNICEF country programme of cooperation, 2019–2023

Convention on the Rights of the Child: articles 1–7, 9, 10, 12, 13, 15–20, 23, 24, 28, 29, 31, 34, 36, 37, 39 and 40

National priorities

Malawi Growth and Development Strategy (MGDS) III key priority areas: education and skills development, health and population management
Other development areas: HIV/AIDS management, nutrition, gender, youth development, disability and social welfare, environmental sustainability, disaster risk management and social support, integrated rural development

UNDAF outcomes involving UNICEF: outcome indicators measuring change that reflect UNICEF contribution

Percentage of children receiving early stimulation and responsive care from their parents or primary caregivers
Percentage of children under 5 years of age who are stunted
Percentage of infants born to pregnant women living with HIV and tested for HIV within their first two months of life
Transition rate to secondary education
Learning outcome improvement in primary education
Net attendance ratio in secondary school
Percentage of girls (15–19 years) who have given birth or are pregnant with their first child
Percentage of girls and boys (0–14 years) living with HIV who receive antiretroviral therapy (ART)
Percentage of girls (15–19 years) who have experienced physical or sexual violence and sought help to stop the violence
Percentage of pregnant women receiving at least eight contacts with skilled personnel in accordance with new World Health Organization (WHO) standards
Existence of a coordinated monitoring mechanism at the district level to track MGDS III and UNDAF-related indicators
Existence of national mechanisms for reporting, follow-up and implementation of treaty obligations
Primary government expenditures as a proportion of original approved budget, by sector (or budget codes or similar)
Percentage of people using basic drinking water services
Percentage of people using basic sanitation services

Related UNICEF Strategic Plan, 2018–2021 Goal Areas

1. Every child survives and thrives
2. Every child learns
3. Every child is protected from violence and exploitation
4. Every child lives in a safe and clean environment
5. Every child has an equitable chance in life

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. Girls and boys (0–5 years) in targeted districts, with a focus on the first 1,000 days, benefit from early learning, caring, nurturing, a clean and protective environment and quality, integrated, high-impact interventions.	Percentage of children receiving early stimulation and responsive care from their parents or caregivers B: 29% T: 50%	Multiple indicator cluster surveys (MICS)	Parents and caregivers, including adolescents, have the capacity to engage in responsive, positive parenting practices. Health and nutrition service delivery in targeted districts has the capacity to deliver quality maternal, newborn and child health, HIV and nutrition services for all children and promote healthy behaviours. Community-based childcare centres meet national standards and numbers increase. Primary and secondary education: - Safe, inclusive schools - Quality teaching/learning - Readmission of adolescent mothers - Scale-up of complementary, alternative, non-formal education Multi-sectoral services from school/learning platforms School-to-community forums in place for girls' and boys' participation	World Bank, European Union, KfW Development Bank, German Federal Ministry of Economic Cooperation and Development, GAVI Alliance, WHO, World Food Programme, United Nations Development Programme, Joint United Nations Programme on HIV/AIDS, President's Emergency Plan for AIDS Relief, United Nations Population Fund, Japan International Cooperation Agency	15 000	134 000	149 000
	Percentage of girls and boys with severe acute malnutrition admitted for treatment and who recover B: 87% T: >90%	District Health Information System (DHIS) 2					
	Percentage of infants born to pregnant women living with HIV tested for HIV within their first two months of life B: 61% T: 90%	DHIS 2					
	Percentage of children vaccinated with pentavalent vaccine B: 84% T: 92%	MICS					
	Percentage of children with diarrhoea receiving zinc and oral rehydration salts B: 24% T: 50%	MICS/ Demographic and Health Survey (DHS)					
	Under-5 birth registration rate B: 2% T: 50%	National Registration Bureau Management Information System					
2. School-age girls and boys (6–17 years), especially early adolescents (10–14 years), acquire essential learning outcomes	Transition rate primary to lower secondary B: girls-36%; boys-34% T: girls-43%; boys-41% Lower secondary to upper secondary B: girls-19.8%; boys-23.8% T: 50% (Indicators will be reported by disability status.)	MICS/DHS/ Education Management Information System			12 500	72 000	84 500

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
and practise skills for life, are safe from exploitation, harmful practices and violence and benefit from integrated social services, including in emergencies.	Percentage of girls (15–19 years) with anaemia B: 35% T: 25%	DHS					
	Number of adolescent girls receiving prevention and care interventions to address child marriage through UNICEF-supported programmes B: 231,000 T: 500,000	Child Protection Management Information System					
	Percentage of people using basic drinking water services B: 67% T: 80%	WHO/UNICEF Joint Monitoring Programme					
3. Girls and boys grow up in resilient, inclusive and child-friendly communities that are supported by an enabling environment and systems that provide an equitable chance in life.	Percentage of people using basic sanitation services B: 42% T: 65%	WHO/UNICEF Joint Monitoring Programme	Communities practise positive social behaviours in the best interest of the child and demand quality, resilient, child-friendly services Communities hold duty-bearers accountable for the delivery of quality, resilient, child-friendly services Households and communities prepare for and are resilient to climate-related and economic shocks and overcome chronic vulnerabilities affecting children Government and local authorities operationalize key policies and legal frameworks and develop plans and budgets for strengthened, coordinated social sectors, addressing disparities and deprivations		15 000	57 000	72 000
	Increasing share of public spending on sectors benefiting children B: 29.4% T: 34.4%	National budget					
	Number of girls and boys reached by cash transfer programmes through UNICEF-supported programmes B: girls-215,600; boys-216,100, total-431,700 T: total-660,000	Social Cash Transfer Programme Management Information System					
	Percentage of outbreaks detected and responded to within 72 hours B: 100% T: 100%	Integrated disease surveillance system					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
4 Enhanced programme effectiveness	Standard key performance indicators	inSight	Programme coordination, communication, advocacy, partnerships, cross-cutting operations support		25 000	11 000	36 000
Total resources					**67 500**	**274 000**	**341 500**

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Country programme document

Rwanda

Summary

The country programme document (CPD) for the Republic of Rwanda is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $36,580,000 from regular resources, subject to the availability of funds, and $103,291,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the annual session of 2018.

* E/ICEF/2018/8.
Note: The present document was processed in its entirety by UNICEF.

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Programme rationale

1. Rwanda has achieved significant progress in human and economic development over the past 20 years, and aims to reach middle-income status by 2020. It was one of the few countries that achieved all of the Millennium Development Goals. Political stability, strong governance, fiscal and administrative decentralization and zero tolerance for corruption are among the key factors that attributed to this growth and development.

2. Rwanda is predominantly young, with 5.4 million out of its estimated 11.8 million population under 18 years of age.[1] While three quarters of the population lives in rural areas, Rwanda is experiencing rapid urbanization.

3. Children's rights are protected by the Constitution of the Republic of Rwanda and by national legislation. Reports to the committees overseeing implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women were submitted in 2011 and 2015, respectively.

4. Poverty remains widespread, with 39 per cent of the population living below the poverty line, including 16 per cent in extreme poverty.[2] Children are disproportionally affected and experience multiple overlapping deprivations of their basic needs.[3]

5. To reduce poverty, the Government has progressively introduced a range of social protection schemes focused on vulnerable households. Government priorities include providing additional child- and gender-sensitive social protection services.[4] Some 67 per cent of households benefiting from the Vision 2020 Umurenge Programme include children, as do 89 per cent of the beneficiaries of public works programmes. While comprehensive social protection approaches could integrate income support and social service delivery for poor families, a recent decline in social sector investment and dependency on external financing present key obstacles.

6. Rwanda achieved the Millennium Development Goal targets for maternal and child mortality primarily because of its concerted investment in a comprehensive health system. However, the rates of under-five mortality in 2014–15 (50 deaths per 1,000 live births) and maternal mortality (210 deaths per 100,000 live births) remain high.[5] Mortality is significantly higher in rural areas and among the poorest families. Around 78 per cent of under-five deaths in health facilities occur due to neonatal complications.[6] Since 91 per cent of births take place in health facilities[7] and sick newborns are attended to in hospitals, strengthening the quality of services is key to reducing neonatal mortality.

7. High and equitable immunization rates and the prompt introduction of new vaccines have contributed to reductions in under-five mortality. However, only 54 per cent of children under 5 with symptoms of acute respiratory illness, 49 per cent with fever and 44 per cent with diarrhoea were taken to a health facility or provider,[8] indicating a need to improve caregivers' health-seeking behaviour.

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[1] National Institute of Statistics of Rwanda (NISR) and Ministry of Finance and Economic Planning (Rwanda), Fourth Population and Housing Census, Rwanda, 2012, Thematic Report, Population Projections, January 2014.
[2] NISR, Rwanda Poverty Profile Report 2013/2014, 2015.
[3] NISR and UNICEF Rwanda, Multidimensional Overlapping Deprivation Analysis, forthcoming in 2018.
[4] Ministry of Local Government, Social Protection Strategy 2018–2024, forthcoming in 2018.
[5] Rwanda Demographic and Health Survey (RDHS), 2014–15.
[6] Ministry of Health (MOH), 2015 Health Management Information System.
[7] RDHS 2014–15.
[8] RDHS 2014–15.

8. The HIV prevalence rate has stabilized at around 3 per cent, and prevention of mother-to-child transmission (PMTCT) of HIV coverage is 91 per cent.[9] Around 80 per cent of HIV-positive Rwandans receive antiretroviral treatment (ART); however, the rate for children aged 0–14 years is just 55 per cent.[10] Adolescents show low utilization of HIV testing, prevention and treatment services, and have a higher estimated HIV incidence compared to adults.[11]

9. Despite a decline from 44 per cent in 2010 to 38 per cent in 2014,[12] the stunting rate remains high, mainly due to inadequate dietary intake, repeated infections and low birthweight. Stunting is more common among boys, rural children and children in low-income households. The Government has made reducing stunting a major priority.

10. Rwanda has made steady progress towards achieving universal access to water and sanitation. However, the Sustainable Development Goals call for a more ambitious approach, with an emphasis on quality of services. Although 83 per cent of households are using improved sanitation, only 64 per cent have their own latrine.[13] Although 84 per cent of rural households have access to improved water sources, only 47 per cent have access within 500 metres of the home.[14] Only 5 per cent of households have observed hand-washing facilities with soap and water.[15] The lack of quality water, sanitation and hygiene (WASH) facilities is an important contributor to the high rates of stunting and disease.

11. The net primary enrolment rate is 98 per cent.[16] The 2016 move towards a competency-based curriculum was a major achievement; however, approximately half of students are not acquiring foundational knowledge during primary school, with lower rates for rural children. Access to early learning remains low, as evidenced in the 23 per cent pre-primary gross enrolment rate.[17] While gender parity has been achieved for pre-primary, primary and secondary education, national examination results indicate that boys outperform girls but are more likely to repeat grades or drop out of primary school.[18]

12. The lack of early childhood development (ECD) opportunities impedes optimal development and school readiness. Only 13 per cent of young children are enrolled in formal early learning centres, and fewer than half of primary caregivers carry out early learning activities at home.[19] The national Early Childhood Development Policy and a five-year Strategic Plan were revised, costed and endorsed in 2016, and outline cross-sectoral interventions in child health, nutrition, WASH, early childhood education, child protection and social protection.[20]

13. Several recent achievements have strengthened child protection: (a) Law No. 54/2011 of 14 December 2011 relating to the rights and the protection of the child; (b) the Justice for Children Policy; and (c) the establishment of the National Commission for Children. Professional social workers and psychologists are deployed in districts to focus on child care and protection, and to work alongside trained community volunteers. Nonetheless, high levels of violence against children persist: 28.2 per cent of boys and 24 per cent of girls have

[9] 2016 HIV National Strategic Plan Mid-term Review.
[10] Joint United Nations Programme on HIV/AIDS, UNAIDS country estimates 2017.
[11] UNICEF HIV/AIDS estimates, 2017, based on data provided by MOH.
[12] RDHS 2014–15.
[13] Rwanda Integrated Household Living Conditions Survey 2013/2014.
[14] Rwanda Integrated Household Living Conditions Survey 2013/2014.
[15] RDHS 2014–15.
[16] Ministry of Education, 2017.
[17] Ministry of Education, 2017.
[18] Ministry of Education, 2016.
[19] RDHS 2014–15.
[20] National Early Childhood Development Policy, 2016.

experienced physical violence, and 14.4 per cent of girls and 2.8 per cent of boys have experienced sexual violence.[21]

14. A total of 2,933 of 3,323 (88 per cent) institutionalized children have been placed into foster care or reintegrated with biological or extended families since 2012.[22] However, family-based placement of children with disabilities remains a major challenge.

15. In 2017, 67 per cent of children under 5 were registered at birth. Increasing birth registration rates are due to policy changes, more flexible systems for birth registration, and stronger linkages between hospitals and civil registration systems.

16. Income inequality has decreased over the past decade,[23] but significant disparities in access to and use of social services remain. For example, under-five mortality among children in the poorest quintile is twice as high as for children in the richest quintile.[24]

17. Rwanda ranks fifth globally in closing its gender gap. Remaining barriers relate to tertiary educational attainment, literacy, life expectancy and non-discriminatory gender roles.[25]

18. Rwanda is prone to natural disasters, including droughts, floods, landslides, earthquakes and volcanic eruptions. The country hosts more than 73,000 refugees from the Democratic Republic of the Congo and 89,500 from Burundi; 52 per cent of all refugees in Rwanda are children.[26]

19. The previous country programme yielded important lessons. First, in a decentralized system, focusing capacity development on central decision makers and service providers is insufficient; it needs to also involve local government officials and communities. Second, when modelling new services, it is essential to ensure systematic monitoring, costing, evaluation and documentation of impact to influence Government commitment to scale-up and long-term sustainability.

20. The new country programme priorities are as follows: reduce rates of neonatal and under-five mortality and stunting; improve learning and young child development outcomes; reduce violence against children; increase access to WASH services; and address child poverty.

21. While focused on all children, particularly those in the first 1,000 days of life and adolescents, priority will be given to the poorest, including refugees, children with disabilities and young mothers. The geographic focus will be on the poorest districts, particularly in the eastern and western provinces and in the rural areas.

Programme priorities and partnerships

22. Guided by the 2030 Agenda principle of "leaving no one behind", the country programme will contribute to five priorities under the social transformation pillar of the National Strategy for Transformation 2017–2024: (a) Ensuring access to quality health for all; (b) Reducing malnutrition; (c) Ensuring access to and improving the quality of education; (d) Moving towards a modern Rwandan household, and; (e) Enhancing graduation from poverty and promoting resilience.

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[21] RDHS 2014–15.
[22] National Commission for Children administrative data for 2017.
[23] Between 2005–2006 and 2013–2014, the Gini coefficient declined from 0.522 to 0.448.
[24] RDHS 2014–15.
[25] World Economic Forum, Global Gender Gap Index 2016.
[26] According to data from the Office of the United Nations High Commissioner for Refugees, updated on 31 December 2017.

23. The country programme will be implemented as part of the United Nations Development Assistance Plan 2018–2023 (UNDAP II), specifically contributing to Strategic Result Area 2: Social Transformation.

Programme approaches and strategies

24. In collaboration with the Government and in partnership with other United Nations entities, six key strategies will be employed:

(a) Programming for at-scale results for children by fostering multisectoral programming and focusing on capacity development to improve service quality, particularly at decentralized levels;

(b) Gender-responsive programming to address the remaining disparities;

(c) Mainstreaming adolescent-sensitive approaches across all programmes;

(d) Leveraging resources and partnerships for children, including strengthening collaboration with the private sector and engagement with communities;

(e) Enhancing the use of innovation for children, including expanding the use of technology to achieve results;

(f) Harnessing evidence to influence change for children – through research, policy analysis and evaluation – as well as collection, analysis and utilization of data.

25. UNICEF will work at the national level to influence policy and budgeting and to promote multisectoral coordination. While the programme will have nationwide reach, it will adopt a systems-strengthening approach to deliver an integrated package of quality social services in the 14 districts with the highest burden of poverty and stunting.

26. The continuing response of UNICEF in humanitarian situations will be integrated across programmes in line with the Core Commitments for Children in Humanitarian Action and the Rwanda Refugee Response Plan 2018. Under the leadership of the Ministry of Disaster Management and Refugee Affairs and the Office of the United Nations High Commissioner for Refugees (UNHCR), UNICEF will continue to serve as the United Nations co-coordinator for the refugee response in WASH, child protection, education, ECD and health (with the World Health Organization (WHO)), and nutrition (with the World Food Programme (WFP)).

27. Given that poor households with children are extremely vulnerable to external shocks, UNICEF will ensure that programmes focus on strengthening community resilience including by contributing to national efforts to develop adaptive social protection mechanisms.

28. Collaboration will be strengthened with civil society, including local non-governmental organizations and academia. International development partnerships, including those with Japan, the Netherlands, the United Kingdom of Great Britain and Northern Ireland, the United States of America and international financing institutions such as the World Bank, will be enhanced.

29. Working with the private sector, UNICEF will continue to influence local markets, building on existing partnerships in ECD, nutrition and WASH.

Theory of change

30. The overall theory of change towards achievement of the country programme's desired outcomes is as follows:

If the quality of essential social services is improved, and;

If high-coverage essential social services and interventions are maintained, and;

If the scale-up of low-coverage essential social services and interventions is accelerated, and;

If children, parents and caregivers demand quality services and practice safe behaviours, and;

If the governance system and high-level commitment are in place to ensure that policies based on the latest evidence are reaching every child, starting with the most deprived, and;

If decentralized social sector authorities have improved skills and capacity to plan, coordinate and manage service delivery:

Then more children in Rwanda will develop to their full potential and live in environments that are safe, protective and conducive to their needs.

31. This assumes four conditions are maintained: (a) High political commitment and investment to achieve the child-related Sustainable Development Goals; (b) Relative political and social stability in the region; (c) Effective coordination among development partners and "One UN"; and (d) UNICEF has adequate resources to contribute to the national development agenda.

Programme priorities

32. The country programme will comprise eight programme components (outcomes) as described below.

Child health

33. This outcome area will contribute to reducing child and adolescent mortality by increasing the use of quality, high-impact health and HIV interventions for young children, adolescents and women, through strengthened health systems.

34. UNICEF will support the Ministry of Health to update its protocols, enhance data monitoring and review mechanisms, and train, supervise and mentor health workers. UNICEF will work with the Government to develop procurement and supply chain management strategies to ensure availability of essential maternal and child health commodities.

35. Technical and financial support will be provided to accelerate low-coverage interventions, including intrapartum care and management of sick newborns, postnatal care of healthy neonates, antenatal care, and diagnosis and treatment of paediatric HIV. In collaboration with WHO, the Joint United Nations Programme on HIV/AIDS and other partners, UNICEF will design, implement and assess, for scale-up, strategies to identify children and adolescents living with HIV and link them with care.

36. UNICEF will monitor progress and identify strategies to maintain high coverage with interventions including PMTCT of HIV and immunization.

37. UNICEF will support the establishment of a web-based patient management system at health facilities that is interoperable with other health information technologies. The system will provide real-time data and assist service providers to improve the quality of care.

38. To improve health-seeking behaviours, UNICEF will support communication focused on parents and caregivers. Innovative approaches will be explored, including expanding existing platforms, such as RapidSMS, to reach households directly.

39. UNICEF will strengthen community capacities to promote adolescent HIV testing, increase ART coverage for children, and link treatment and peer-support services, particularly in areas where there is high HIV prevalence.

40. In humanitarian settings, UNICEF will collaborate with the Government, WHO and other partners to strengthen health systems and fill commodity and service-delivery gaps.

Child nutrition

41. This outcome area will contribute to the scale-up of high-impact, multisectoral interventions that address the causes of maternal and child undernutrition, particularly stunting.

42. UNICEF will collaborate with the Ministry of Health, WHO, WFP and other partners to strengthen the capacity of health staff to promote social and behaviour change; prevent and manage cases of maternal and child undernutrition; provide supportive supervision at the community and health facility levels; and ensure that under-5 children with severe acute malnutrition are promptly identified and admitted to therapeutic services. Essential equipment and supplies will be provided, in development and humanitarian situations, along with skills development in supply chain management.

43. UNICEF will continue to support the Government's decentralization efforts by providing technical and financial support to enable districts to plan, implement and monitor nutrition-related activities.

44. Under the 1,000 days campaign, UNICEF will continue to support actions to ensure that parents and caregivers have the requisite skills and a supportive community environment to provide adequate child care, including through appropriate feeding practices. Efforts will aim to positively influence male attitudes towards maternal and child nutrition. UNICEF will continue to document, model and support scale-up of nutrition-sensitive interventions, including savings and lending groups, kitchen gardens and the integration of nutrition in ECD services.

45. UNICEF will continue to support government efforts in multisectoral coordination and monitoring and evaluation, and will leverage new nutrition partnerships, or strengthen existing ones, ensuring effective coordination among development partners.

Early childhood development

46. This outcome area will contribute to additional young children, especially the most marginalized and those in humanitarian situations, benefiting from quality ECD interventions.

47. Working in collaboration with the National Early Childhood and Development Programme under the Ministry of Gender and Family Promotion, UNICEF will support the establishment of model centres of excellence in each district and the scale-up of low-cost community-based ECD services, including identification, training, mentoring and supervision of ECD caregivers. Referral mechanisms with other social services will be modelled and supported for scale-up.

48. UNICEF will promote community-based activities to assist parents or caregivers and other family members to adopt responsive childcare practices, including early stimulation and learning, and access to quality health, nutrition and social protection services.

49. UNICEF will continue to support the strengthening of multisectoral ECD planning, implementation, monitoring and coordination at national and district levels.

50. The development of a systematic ECD monitoring system and an analysis of implementation of the national ECD policy will also be supported.

Education

51. This outcome area will contribute to more children, particularly the most vulnerable, including refugees and children in humanitarian situations, benefiting from inclusive, equitable and high quality learning opportunities.

52. UNICEF will continue to support implementation of the competency-based curriculum, including pre-service teacher training and nationwide expansion of the school-based mentoring programme.

53. UNICEF will continue to model pre-primary programmes in multiple settings to inform scale-up, and assist with implementation of the play- and competency-based pre-primary curriculum.

54. Systematic support will be provided to service providers, institutions and communities to reduce stigma and discrimination against children with disabilities. In collaboration with the Rwanda Education Board, UNICEF will support pre- and in-service training on inclusive education pedagogy.

55. UNICEF will address gender-equity in education by tackling harmful social norms, and by working with the most marginalized girls to address disparities in learning outcomes.

56. In humanitarian situations, to ensure that children have access to education, UNICEF will work with the Government, UNHCR and other partners to provide materials, facilities and staff and to promote the importance of education.

57. UNICEF will provide technical support to develop integrated data management systems for improved efficiency in the education system. UNICEF will assist the Ministry of Education and teacher training colleges to improve the systematic use of data for decision-making on pre- and in-service training needs.

Child protection

58. This outcome area will contribute to all children benefiting from an improved child protection system, based on the following priorities: reducing violence; reintegrating institutionalized children, including children with disabilities, into families; ensuring that refugee children can access child protection systems; and improving children's access to justice.

59. Working with the National Commission for Children, the Ministry of Gender and Family Promotion, the University of Rwanda and civil society partners, UNICEF will support in-service training of the professional and para-professional child protection workers and other frontline workers to identify, prevent and respond to cases of violence and provide referrals to relevant services. UNICEF will provide technical and financial support to promote professionalization of the social sector workforce, develop guidance on integrated case management for service providers, and mainstream child protection into the curricula of tertiary educational institutions.

60. UNICEF will collaborate with diverse partners to implement a multisectoral response to all forms of violence, based on the findings of the Violence against Children and Youth Survey (2015–2016). Drivers of violence and factors that prevent children from speaking out will be addressed through further qualitative analysis, support to existing child- and adolescent-friendly platforms, and development of strategies for overcoming harmful social norms.

61. To ensure that services are aligned with international standards, UNICEF will work with the Ministry of Justice to promote implementation and enforcement of the Justice for Children Policy.

62. UNICEF will provide technical support to the Ministry of Gender and Family Promotion, other ministries and the National Commission for Children to coordinate activities through a national working group, review existing legislation on children, advocate for increased public financing for child protection and promote protection of children with disabilities.

63. Support will be provided to the National Institute of Statistics of Rwanda, the Ministry of Local Government and the Ministry of Health to accelerate birth registration and certification, including through increasing awareness and demand for such services.

64. In humanitarian situations, UNICEF will collaborate with the Government, the National Commission for Children, UNHCR and Save the Children to increase access to gender- and age-appropriate child protection services for refugee children.

Water, sanitation and hygiene

65. This outcome area will contribute to additional households, particularly in rural areas and humanitarian contexts, having access to safe and sustainable WASH services, and children and their families practising key hygiene behaviours.

66. UNICEF will provide technical support to strengthen administrative data systems to improve decision-making and to develop sustainable financing for WASH, including innovative financing mechanisms and leveraged private capital.

67. To increase households' investment in and use of basic sanitation facilities and appropriate hygiene practices, UNICEF will support the Community-Based Environmental Health Promotion Programme and work with partners to strengthen the availability of affordable sanitation and hygiene products and services in rural markets.

68. UNICEF will support improved reliability and accountability of rural water supply services through private operators to ensure that more families have sustainable access to safe water. UNICEF will model innovative infrastructure, strengthen service provision models, support community water-safety planning, and build capacity of district authorities, relevant government departments, and private operators.

69. In humanitarian situations, UNICEF and partners will ensure availability of adequate water and sanitation services and promote safe hygiene behaviours.

70. UNICEF will advocate for the inclusion of WASH in health facilities and schools. In supporting the acceleration of a comprehensive approach to WASH in schools, special attention will be given to the needs of adolescent girls in menstrual hygiene management.

71. UNICEF will support inter-sectoral linkages, including with the environmental sector, to mitigate the impact of climate change and land-use changes, and with the health and nutrition sectors to coordinate behaviour-change approaches.

Social policy

72. This outcome area contributes to the other outcome areas by supporting the Government to reduce multidimensional child poverty, as measured by overlapping deprivations in health, nutrition, WASH and education. In partnership with the National Institute of Statistics of Rwanda and development partners, support will be provided to produce data on multidimensional child poverty to measure relevant-poverty targets of the Sustainable Development Goals. The Government will be supported to expand access to integrated social protection mechanisms for poor families.

73. UNICEF will support national and district-level officials to undertake and use research and budget analyses to plan efficient and integrated programmes for children experiencing multidimensional deprivation. This will include generating evidence on emerging drivers of deprivations, such as population growth, urbanization and environmental changes.

74. UNICEF will conduct an analysis of sectoral strategies to determine opportunities for beneficiaries to access multiple complementary services. The organization will support model options to further embed integrated "cash-plus" interventions into social sector programmes.

75. UNICEF will continue to support improved collection of administrative data on children living in poverty, model options for improved targeting, assess the adequacy of direct social assistance specific to the needs of the poorest children, and strengthen case management and referral mechanisms.

76. With the Ministry of Local Government, the Local Administrative Entities Development Agency and the World Bank, UNICEF will help implement communication strategies to ensure that poor families are aware of their entitlements and have the confidence to demand quality social protection services.

Programme effectiveness

77. This outcome supports effective programme planning, management, monitoring and quality assurance, and ensures coordination between UNICEF and the UNDAP II in the spirit of "Delivering as one."

78. Communication for social and behaviour change will be coordinated across programmes to increase knowledge and skills to improve health, nutrition, sanitation and hygiene practices and early learning, and to reduce violence against children and sustain demand for quality social services. Communication technology and innovative approaches will be used to build skills among service providers.

79. Using digital and traditional communication, UNICEF will seek to inspire key decision makers, opinion leaders, the media and the public to act in the best interests of children in Rwanda. UNICEF will continue to strengthen the capacity of the media, civil society, children and youth to advocate for policy change and promote child rights. Partnerships will focus on the private sector to leverage investment in children and advocate for child-friendly business practices.

80. Cross-sectoral support will be provided to mainstream gender-responsive programming and accountability to affected populations, and to ensure coherence and coordination in emergency preparedness and response and resilience-strengthening actions.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child health	4 462	16 307	20 769
Child nutrition	2 562	24 734	27 296
Early childhood development	2 352	7 054	9 406
Education	5 719	18 404	24 123
Child protection	4 382	7 718	12 100
Water, sanitation and hygiene	2 562	12 379	14 941
Social policy	4 498	6 282	10 780
Programme effectiveness	10 043	10 413	20 456
Total	**36 580**	**103 291**	**139 871**

Programme and risk management

81. This document serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

82. The country programme is overseen by the Ministry of Finance and Economic Planning and line ministries. The UNDAP II will be implemented under the leadership of the United Nations country team and coordinated by the Ministry of Finance and Economic Planning.

83. Key risks for achieving the expected country programme results and planned mitigation measures include:

(a) *Humanitarian emergencies*: With other United Nations entities, UNICEF will support the Government and civil society in disaster preparedness and response, developing their capacity to plan for, coordinate and respond to humanitarian crises, including potential increases in the number of refugees or returnees. UNICEF will ensure readiness by maintaining pre-positioned supplies and contingency partnership agreements.

(b) *Insufficient financial resources*: Within a dynamic donor landscape, UNICEF will consolidate and strengthen relationships with current donors and forge new partnerships, including with the private sector.

(c) *Adequacy of systems, coordination mechanisms and procedures for United Nations partners working together*: The UNDAP II provides opportunities for better definition and management of joint programmes and simplified management and reporting procedures.

84. UNICEF will continue to manage risk through implementation of the harmonized approach to cash transfers.

Monitoring and evaluation

85. Monitoring, research and evaluation activities will be defined by the results and resources framework, UNDAP II results framework, UNICEF Strategic Plan 2018–2021, and the Eastern and Southern Africa regional priorities. These will be complemented by a multi-year rolling integrated monitoring and evaluation plan, including a costed evaluation plan that highlights six planned evaluations.

86. Results will be assessed at midyear and annual reviews, and will inform UNICEF annual work planning and reporting. Field monitoring, including through joint programme visits and end-user supply monitoring, will be conducted to verify progress in programme implementation. Bottleneck analyses will be reviewed twice yearly to test the theory of change pathways and identify necessary adjustments.

87. In collaboration with other United Nations entities and partners, UNICEF will support the Integrated Household Living Conditions Survey in 2018, the Demographic and Health Survey in 2019/20 and the Fifth Population and Housing Census in 2022, and work to strengthen national monitoring and evaluation systems including those that measure progress towards the Sustainable Development Goals.

Annex

Results and resources framework

Rwanda – UNICEF country programme of cooperation, 2018–2023

Convention on the Rights of the Child: Articles 1–26

National priorities:

- National Strategy for Transformation (2017–2024) Social Transformation pillar – Priority Areas 1–5

Sustainable Development Goals: 1–6 and 16

United Nations Development Assistance Plan 2018–2023 (UNDAP II) outcomes involving UNICEF:

- Strategic Result Area 2: Social Transformation, Outcomes 3 and 4
- Strategic Result Area 3: Transformational Governance, Outcome 6

Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. Child health More young children, adolescents and women use improved, equitable and high-impact maternal, newborn, and child health (MNCH) and HIV services.	Percentage of births with a postnatal check-up for newborns in the first two days after birth B (2015): 19% T: 35%	Rwanda Demographic and Health Survey (RDHS)/Health Management Information System (HMIS)	Health system provides improved MNCH and HIV quality of care from a mother's pregnancy through her child's adolescence. New evidence is generated and policies and strategies on MNCH and HIV are updated to be in line with global recommendations. More communities have increased capacity to improve family care practices and health-seeking behaviour for MNCH and HIV.	Ministry of Health (MOH); Rwanda Biomedical Centre; civil society organizations (CSOs); districts; World Health Organization (WHO); United Nations Population Fund; UNAIDS	4 462	16 307	20 769
	Percentage of children who receive three doses of pentavalent vaccine by 12 months B (2015): 98% T: 98%	RDHS/HMIS					
	Percentage of HIV-positive children (0–14 years) who receive antiretroviral therapy B (2016): 55% T: 80%	HMIS/Joint United Nations Programme on HIV/AIDS (UNAIDS) reports					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
2. Child nutrition More children under 5, pregnant and lactating women, and adolescents access and utilize quality and effective nutrition services, and adopt improved nutrition practices.	Percentage of children 6–23 months fed a minimum number of food groups B (2015): 29% T: 50%	RDHS	Capacity is enhanced for nutrition governance at both central and decentralized levels. National systems have strengthened capacity to deliver at scale improved and good quality nutrition-specific and nutrition-sensitive interventions. More parents and caregivers demonstrate key nutrition practices.	MOH; Rwanda Biomedical Center; CSOs; districts; WHO; World Food Programme.	2 562	24 734	27 296
	Percentage of severely acutely malnourished children admitted for treatment who default B (2016): <15% T: <10%	HMIS/ administrative reports					
3. Early childhood development (ECD) Young children and families, especially the most vulnerable, are utilizing quality ECD services.	Percentage of children attending organized ECD programme B (2015): 12% boys; 14% girls; 3% of the poorest T: 30% for all	RDHS	The ECD policy environment and coordination mechanisms are improved. Increased availability of good quality ECD services for young children and their families. More families are aware of, and provide, nurturing and responsive care for young children.	Ministry of Gender and Family Promotion (MIGEPROF); National Early Childhood Development Program; Ministry of Education; IKEA Foundation; CSOs; Media	2 352	7 054	9 406
	Percentage of children whose primary caregivers promote early learning at home B (2015): 49% for boys and girls; 36% of the poorest T: 70% for all	RDHS					
4. Education Children, including those in humanitarian situations, are provided with inclusive and equitable quality education and learning opportunities.	Pre-primary gross enrolment rate B (2017): 24% T: 48%	Education Statistical Yearbook	Children have increased access to basic education. Children have enhanced quality of education for improved learning outcomes. Children have improved gender-equitable opportunities in education.	Ministry of Education; Rwanda Education Board; United Kingdom Department for International Development (DFID); CSOs	5 719	18 404	24 123
	Percentage of improvement in learning outcomes (P6 level) B (2014): 44% (literacy); 38% (numeracy) T: 55% (literacy); 52% (numeracy)	Learning Achievement in Rwandan Schools reports					
5. Child protection	Number of reported cases of violence against children	Rwanda National Police records	Government institutions have improved capacity to legislate,	MIGEPROF; NCC;	4 382	7 718	12 100

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
More children, including those in humanitarian situations, are better protected from violence, neglect, abandonment and exploitation.	B (2017): 3,250 T: 6,000		plan, coordinate, budget and enforce child protection at all levels. Child protection service providers are better able to deliver quality and timely child protection services, including referrals to other services at all levels. Children and their families are better empowered to prevent and respond to violence, neglect, abandonment and exploitation.	Ministry of Justice; National Institute of Statistics of Rwanda; Rwanda National Police; CSOs			
	Number of children without adequate parental care who are reintegrated into family-based care, including children with disabilities B (2017): 2,933; 0 children with disabilities T: 3,743; 420 children with disabilities	National Commission for Children (NCC) reports					
6. Water, sanitation and hygiene More households in rural and urban areas use safe, basic and sustainable WASH services, including in humanitarian situations.	Percentage of the population using basic drinking water services B: rural: 49%; urban: 77% T: rural: 70%; urban: 100%	WHO/UNICEF Joint Monitoring Programme (JMP) reports	More communities, particularly in rural areas, access sustained, safe, resilient basic water supply services. More children, particularly in rural areas, access basic sanitation and practise hand-washing with soap.	Ministry of Infrastructure; MOH; districts; Water and Sanitation Corporation; Rwanda Utilities Regulatory Authority; Ministry of Local Government (MINALOC); CSOs; private sector	2 562	12 379	14 941
	Percentage of the population using basic sanitation services B: rural: 64%; urban: 57% T: rural: 85%; urban: 80%	JMP					
	Percentage of the population with a hand-washing facility with soap and water available at home B: rural: 2%; urban: 13% T: rural: 25%; urban: 35%	JMP					
7. Social policy The poorest children in Rwanda benefit from a strengthened and adequately resourced integrated social protection system.	Number of households reached by cash transfer programmes B (2017): 227,477 T: 435,305	Social protection joint sector review reports	Strengthened cross-cutting national policy framework and programmes are developed to address multidimensional child poverty. National and decentralized duty-bearers have increased capacity to plan integrated programmes	MINALOC; Local Administrative Entities Development Agency; DFID; World Bank	4 498	6 282	10 780
	Percentage of public spending on health, education and social	Ministry of Finance and Economic Planning					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	protection benefiting children B (2017): 25.2 % T: 25.4 %	annual budget execution reports	for multidimensionally deprived children. The poorest households with children have improved capacity to demand access to quality social services.				
8. Programme effectiveness The country programme is effectively designed, coordinated, managed and supported to achieve results for children.	Percentage of management and programme priority indicators meeting scorecard benchmarks B (2017): 93% T: 100%	UNICEF dashboards	UNICEF staff and partners are provided guidance and resources to plan and monitor programmes. UNICEF staff and partners are provided guidance and resources for effective advocacy and partnerships on child rights issues.	Government, private sector, media	10 043	10 413	20 456
	Percentage of other resources against country programme planned amount B (2017): 40% T: 100%	Dashboard					
Total resources					**36 580**	**103 291**	**139 871**